

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Children's Behavioral Health System State
Board Annual Report

December, 2023

Children’s Behavioral Health System State Board

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INTRODUCTION

This Annual Report of the Iowa Children’s Behavioral Health System State Board is being submitted pursuant to Iowa Code § 225C.51. This report includes a summary of all activities undertaken by the state board and results from identified behavioral health outcomes and indicators for the Children’s Behavioral Health System.

Executive Summary

The Children's Behavioral Health System State Board (Children's Board) was established in Iowa Code § 225C to oversee and guide the implementation and management of a Children's System for the provision of services to children with a serious emotional disturbance. The members of the Children's Board identify the needs of Iowa's children and work to resolve gaps in service by providing guidance to the Iowa Department of Health and Human Services (HHS) and Department of Education (DE) to promote the development of an effective Children's System in our state.

CHILDREN'S BOARD MEMBERSHIP

Iowa Code § 225C requires members of the Children's Board to be individuals with lived experience and individuals with experience and knowledge about children's behavioral health services. The Children's Board membership includes the Directors of the Department of Education (DE) and Department of Health and Human Services (HHS) serving as co-chairs and public members appointed by the Governor. See Appendix A for membership list. The perspectives of individuals and families with lived experience assists in focusing recommendations while data is used to inform recommendations, measure success, and identify areas of need.

CHILDREN'S BOARD MEETINGS

The Children's Board meets at least four times per year. Meeting agendas, minutes, and supporting materials are distributed to over 200 interested persons and organizations and made available to the public on the HHS website. The meetings are attended by an average of 40 public participants.

The Children's Board met a total of six (6) times in-person or virtually during 2023. The Children's Board had discussions on the following topics: Current Events impacting the Children's System, Universal Screening, Adverse Childhood Events (ACEs), Therapeutic Classrooms, and Outcomes and Indicators for the Children's System. A more detailed list of information presented to the Children's Board can be found in Appendix B.

Priorities Identified for Decision-Makers

The Board's goal remains for Iowa to have and maintain a high-quality Children's Behavioral Health System driven by defined outcomes that provide comprehensive education and screening, effective services and supports, coordinated governance, and robust funding.

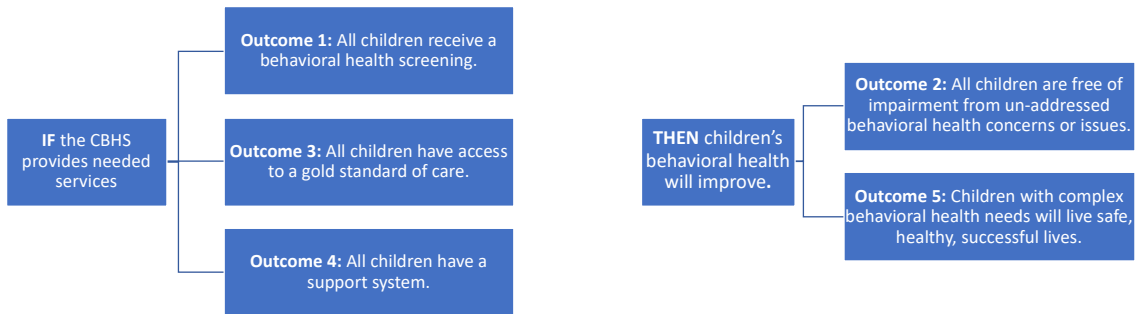
These priorities, identified by the Children's Board for calendar year 2024 are addressed to decision-makers as a whole, the Iowa Department of Health and Human Services (Iowa HHS), and the Board itself.

- I. Address the unique needs of children in all areas of behavioral health service.
 - Keep the Children's Board but hone its purpose, focus and function to best address the unique needs of children through a seated role on the HHS Council and provide an enhanced advisory role, including forming legislative recommendations, to ensure continued system-level solutions and outcomes for children and families.

2. Improve mental health data collection and integration to understand youth mental health needs, trends, services, and evidence-based interventions.
 - The Children’s Board recommends the creation of a youth focused mental health dashboard.
3. Implement evidence-based programs that promote healthy development, support children, youth, and their families, and increase their resilience. The areas of focus that the Children’s Board sees as highest priority are:
 - The Children’s Board recommends expanding and strengthening substance use disorder prevention, early intervention and treatment services.
 - The Children’s Board recommends expanding and strengthening suicide prevention, early intervention and mental health crisis services.
 - The Children’s Board recommends expanding and strengthening mental health supports for children and youth in educational, community, and childcare settings.
4. Create sustained investments in equitable prevention, promotion, and early intervention through funding and legislation.
 - Support expansion of the 1st Five program into more counties/areas of service in Iowa.
 - Encourage decision-makers to set aside a minimum percentage of state funds to be utilized for children’s behavioral health prevention and early intervention services. The goal would be to expedite the creation of the children’s system to include robust prevention services.
 - Encourage decision makers to pass legislation or approve policies to allow for an increase in the number of psychotherapy visits allowed for children prior to diagnosis. This would acknowledge the reality that children have shorter attention spans, making it difficult to complete standardized assessment tools in one visit.
 - Encourage decision-makers to identify a sustainable funding strategy for Iowa’s 988 Suicide & Crisis Lifeline.
 - Encourage decision-makers to continue to prioritize and enact multiple strategies to recruit and retain a behavioral health workforce to meet the needs of Iowans. Strategies may include incentives, elevation of peer-support models, professional development programs, and expansion of medical residencies and fellowships.
 - Support efforts to encourage healthcare providers to seek and access behavioral health treatment without penalization. This includes review of questions on medical licensing applications to determine whether they stigmatize those seeking treatment.

Outcomes and Indicators for the Children’s Behavioral Health System

The Children’s Board has prioritized 5 key outcomes (See Appendix B) that are central to monitoring the implementation and impact of the Children’s Behavioral Health System. The Board’s approach to monitoring is displayed in the graphic below.



Through the most recent strategic planning process undertaken by the Children’s Board, *Outcome 2: All children are free of impairment from un-addressed behavioral health concerns or issues*, was prioritized for analysis for this report.

METRIC 2.1: DECREASE IN YOUTH SUICIDE IDEATION, ATTEMPTS, AND DEATHS BY SUICIDE.

% of students reporting suicidal ideation (full sample) within the last 12 months for 6th, 8th, and 11th grade

State Fiscal Year	6 th Grade	8 th Grade	11 th Grade
SFY2016	17%	21%	24%
SFY2018	15%	22%	26%
SFY2021	17%	21%	24%

According to the Iowa Youth Survey, the percentage of students anonymously reporting they have seriously thought about killing themselves has remained relatively consistent over the last three data collections. With higher rates reported in middle and high school.

% of students reporting attempting suicide (full sample) within the last 12 months for 6th, 8th, and 11th grade

State Fiscal Year	6 th Grade	8 th Grade	11 th Grade
SFY2016	3%	4%	5%
SFY2018	3%	6%	5%
SFY2021	4%	5%	5%

According to the Iowa Youth Survey, the percentage of students anonymously reporting they have attempted killing themselves has remained relatively consistent over the last three data collections. With higher rates reported in middle and high school.

of teenage deaths by suicide

State Fiscal Year	Ages 10-19
SFY2018	31
SFY2019	35
SFY2020	32
SFY2021	36
SFY2022	35

According to the Vital Statistics of Iowa reports, there has been some variation in the number of teenage deaths by suicide over the last three state fiscal years, with an overall upward trend.

Overall, the data trends indicate that the rates of suicidal ideation, attempts, and deaths by suicide are not decreasing as desired.

METRIC 2.2. DECREASE IN HOSPITALIZATION DUE TO MENTAL HEALTH

Data are not available at the time of this report.

METRIC 2.3. DECREASE IN THE NUMBER OF CHILDREN NEEDING BEHAVIORAL HEALTH SERVICES

Iowa Medicaid and Children with Serious Emotional Disturbance (SED), Iowa Medicaid Dashboard, Serious Emotional Disturbance – Managed Care Organization (SED – MCO) & Fee For Service (FFS)

Description	SFY2020	SFY2021	SFY2022	SFY2023
Unique Iowa Medicaid members Ages 0-21	371,354	399,159	412,581	411,364
Unique Iowa Medicaid members with an SED diagnosis , Ages 0-21	83,195	86,048	90,325	92,808
Member Rate Per 1,000 (Lower rates better for this measure type), Ages 0-21	224.0	215.6	218.9	225.6
Total Visits, Ages 0-21	1,080,904	1,109,337	1,133,912	1,111,876

Iowa Medicaid and Children with Mental Health Assessment as Part of Treatment, Iowa Medicaid Dashboard, Mental Health Treatment & Services – MCO & FFS

Description	SFY2020	SFY2021	SFY2022	SFY2023
Unique Iowa Medicaid members Ages 0-21	371,354	399,159	412,581	411,364
Unique Iowa Medicaid members with a mental health assessment , Ages 0- 21	39,119	40,518	43,191	42,069
Member Rate Per 1,000 (Higher rates better for this measure type), Ages 0-21	105.3	101.5	104.7	102.3
Total Visits, Ages 0-21	55,386	58,703	62,426	59,523

Overall, Iowa Medicaid Membership Data for children indicate a general upward trend in terms of the number and rate of children with an SED diagnosis and needing treatment. It is important to note that the first year available is SFY2020, which was during the COVID-19 pandemic.

Appendix A: Children’s Board Membership List 2023

MEMBER CITY (COUNTY) EMAIL ADDRESS	TERM SERVING	REPRESENTS
Kelly Garcia, Co-Chair (Polk) kgarcia@dhs.state.ia.us	Standing	Department of Health and Human Services (Director)
Kim Buryanek, Co-Chair (Polk) kim.buryanek@iowa.gov	Standing	Department of Education Designee (Division Administrator)
Marcus Johnson-Miller (Polk) marcus.johnson-miller@idph.iowa.gov	Standing	Iowa Department of Public Health (Bureau Chief)
Beth Townsend Adel (Dallas) beth.townsend@iwd.iowa.gov	Standing	Department of Iowa Workforce Development (Director)
Richard K. Whitaker, Jr., Ph.D. Davenport (Scott) whitakerr@verafrenchmhc.org	Standing	Iowa Mental Health and Disability Services Commission (Representative)
Vacant	Vacant	Iowa State Court Administrator (Chief Juvenile Court Officer)
Aaron Johnson Ankeny (Polk) ajohnsonECI@gmail.com	1 st Term 5/1/23 to 4/30/27	Early Childhood Iowa Designee
Vacant	Vacant	Child Mental Health Provider
Andrew Allen Huxley (Story) aallen@yss.org	2 nd Term 7/11/23 to 4/30/26	Child Welfare Provider (President and CEO of YSS)
Cindy Yelick Pella (Marion County) cyelick@heartlandaea.org	1 st Term 5/1/23 to 4/30/27	Area Education Agency Administrator (Northwest AEA)
Kari Price Altoona (Polk) kari.price@dmschools.org	1 st Term 2/25/22 to 4/30/25	School District Educator, Counselor, or Administrator (Des Moines Public Schools)
Kristie Oliver Des Moines (Polk) kristie@iachild.org	1 st Term 2/6/23 to 4/30/26	Children’s Health Organization Advocate (Executive Director, Coalition for Family & Children’s Services in Iowa)
Mary Neubauer Clive (Dallas) maryneulA@outlook.com	3 rd Term 5/1/23 to 4/30/27	Parent or Guardian of a Child with Serious Emotional Disturbance (Parent Advocate)

Sheriff Jason Sandholdt Knoxville (Marion) jsandholdt@marioncountyiowa.gov	2 nd Term 7/11/23 to 4/30/26	County Sheriff (Marion County Sheriff)
Dr. Nathan Noble Clive (Dallas) nathan.noble@unitypoint.org	2 nd Term 7/11/23 to 4/30/26	Pediatrician (UnityPoint Health Des Moines)
Carol Meade, MSW, LISW Newhall (Benton) carol.meade@unitypoint.org	2 nd Term 6/30/21 to 4/30/25	Health Care System Representative (Director of Behavioral Health Services, St. Luke's)
Darci Alt Redfield (Dallas) darci.alt@dallascountyiowa.gov	2 nd Term 6/30/21 to 4/30/25	Mental Health and Disability Services Region Chief Executive Officer (CEO, Heart of Iowa Region)
Brad Niebling, Ph.D. West Des Moines (Dallas) bradley-niebling@uiowa.edu	Standing	Ex Officio Representative (non-voting)
Representative Timi Brown-Powers Waterloo (Black Hawk) timi.brown-powers@legis.iowa.gov	3 rd Term 5/11/23 to 1/12/25	House Minority Leader (non-voting)
Senator Claire Celsi West Des Moines (Polk) claire.chelsi@legis.iowa.gov	1 st Term 2/10/23 to 1/12/25	Senate Minority Leader (non-voting)
Senator Jeff Edler State Center (Marshall) jeff.edler@legis.iowa.gov	3 rd Term 1/22/23 to 1/12/25	Senate Majority Leader (non-voting)
Representative Jeff Shipley jeff.shipley@legis.iowa.gov	1 st Term 5/03/23 to 1/12/25	Speaker of the House (non-voting)

Appendix B: Presentations

Throughout the past year, the Children’s Board heard the following additional presentations relating to the children’s system:

1. **Future Business Leaders of America** - Two members of the Waukee High School chapter of the Future Business Leaders of America earned 1st place at the state level by creating a 30 second Public Service Announcement to bring awareness to mental health issues.
2. **Medicaid Community Based Services Evaluation** - The Iowa Department of Health and Human Services (Iowa HHS) contracted researchers to conduct a systemwide assessment of community-based behavioral health, disability and aging services across the state.
3. **Vision Council** - The Iowa Change Leadership Vision Council, a public/private partnership, was created as result of a grant from the Mid-Iowa Health Foundation to work towards transformational change within the child welfare and juvenile justice system.
4. **Scanlan Center for School Mental Health Clinic** - The Scanlan Center for School Mental Health Clinic opened in September 2023 and works with Iowa PreK-12 school districts, Area Education Agencies, and Iowa mental health systems to provide crisis services and mental health support.
5. **Bureau of Substance Use Disorder Prevention, Treatment, and Recovery** - The Bureau proactively works to protect and improve the health of Iowans by mitigating the risks and harms associated with substance use and gambling.
6. **Adverse Childhood Experiences (ACEs)** - ACEs are incidents that affect the safe, nurturing environments children need to thrive which can result in toxic stress that can affect brain growth, development, and have long term health impacts.
7. **Iowa Youth Survey** - Administered every two years, the Iowa Youth Survey collects data on adolescent health behaviors and experiences to be used at the school, county, state, and national levels to inform policy and funding, to develop program strategy, and for surveillance and research purposes.
8. **Iowa Students for Tobacco Education and Prevention (ISTEP)** - ISTEP is a statewide youth-led tobacco prevention movement to raise awareness to community members of the dangers of tobacco use through street marketing events and educational activities.
9. **Therapeutic Classroom Incentive Grant** - Bettendorf Middle School was a recipient the Therapeutic Classroom Incentive Grant, awarded by the Iowa Department of Education as part of a statewide effort to increase mental health supports for children, youth, and families.
10. **Safe + Sound Iowa** - Safe + Sound Iowa, an anonymous reporting tool to identify and provide intervention for students in crisis is free to K-12 schools statewide, and involvement is voluntary.

Appendix C: Identified Outcomes for the Children's System

Outcome 1: All children receive a behavioral health screening.

Outcome 2: All children are free of impairment from un-addressed behavioral health concerns or issues.

Outcome 3: All children have access to a gold standard of care.

Outcome 4: All children have a support system.

Outcome 5: Children with complex behavioral health needs will live safe, healthy, successful lives.
